SEP 1 3 2005

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

OTAL	AMOUNT	OF PAYMENT	(\$)	790.

Complete if Known						
Application Number	09/529,365					
Filing Date	June 13, 2000					
First Named Inventor	Christoph ESPEY					
Examiner Name	John C. Fox					
Art Unit	3753					
Attorney Docket No.	038738.48700US					

METHOD OF PAYMENT (check all that apply)								
☐ Check ☐ Credit Card	d ☐ Money (Order 🔲	None [Other (please i	dentify):			
☑ Deposit Account Depo	sit Account Number	: 05-1	323 (Docket	No. 038738.48700)		Deposit Account Na	ame: 23911	
For the above-identified	deposit account	, the Director	r is hereby a	uthorized to: (ch	eck all that ap	pply)		
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FEE CALCULATION	- AND EVALUATION	TION FEED					· · · · · · · · · · · · · · · · · · ·	
1. BASIC FILING, SEARCH			CEARC			TION EEEC		
	FILING FEE	=5 nall Entity	SEARC	CH FEES Small Entity	EXAMINAT	FION FEES Small Entity		
Application Type		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
							Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 or, for	·					50	25	
Each independent claim of	•	sues, each in	dependent c	laim more than in	the original pa		100	
Multiple dependent claims		E (A)	F D-:	J (6)		360	180	
Total Claims -20 or HP	Extra claims	Fees(\$)	Fee Pai	<u>a (\$)</u>		iple Dependence C	<u>iaims</u> Fee Paid (\$)	
HP = highest number of total cla	ims paid for if grea					Fee(S)	ree raid (\$)	
Indep. Claims	Extra claims	Fees(\$)	Fee Pai	d (\$)				
- 3 or HP	<u></u>	х	=					
HP = highest number of total cla	ims paid for, if great	ter than 3						
3. APPLICATION SIZE F	EE							
If the specification and dra	awings exceed 10	0 sheets of p	aper, the app	olication size fee	due is \$250 (\$1	125 for small entit	y) for each	
additional 50 sheets or fra								
Total Sheets	Extra Sheets	<u>Nu</u> :		additional 50 or fra		<u>Fee (\$)</u>	Fee Paid (\$)	
- 100 =		/ 50 =	R	ound up to a whole	number x			
4. OTHER FEES								
							Fee Paid (\$)	
Non-English Specification, \$130	•	discount)					\$790.00	
Other Request for Continue							\$790.00 \$120.00	
One-month Petition for	T Extension of The	<u></u>				 	\$120.00	
SUBMITTED BY)							
1	7/	10 0	/ / Re	egistration No.				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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